



## Holiday Pay Questionnaire - Employer

### Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer Account #: \_\_\_\_\_

Under Section 402 of the Illinois Unemployment Insurance Act, an individual's weekly benefit amount may be reduced for the week in which the holiday payment is received. The information you provide will be used for the purpose of determining the claimant's eligibility for benefits.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/10-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

<b>Section A: Holiday Pay Information</b>			
Employer Name: _____			
Address 1: _____		Address 2 (Apt., Floor, Suite, etc.) _____	
City: _____		State: _____	Zip Code: _____
Employer Telephone Number: (     )     -     Ext: _____			
Did the claimant receive holiday pay for any date after the effective date of the claim?		Yes	No
Below, indicate the date of each holiday and gross amount of payment received per day.			
Date of Holiday     /     /		Gross Wages Earned \$     .	
Date of Holiday     /     /		Gross Wages Earned \$     .	
Date of Holiday     /     /		Gross Wages Earned \$     .	
Date of Holiday     /     /		Gross Wages Earned \$     .	
Is the holiday pay being applied to the week in which the holiday occurs or is celebrated?		Yes	No
Is there a labor management agreement or does the employer have a pay plan which stipulates the holiday pay will be applied to date(s) in a different week?		Yes	No
If Yes, provide the date(s)     /     /     /     /     /     /			
<b>Section B: Signature</b>			
Signature: _____		Date: _____	
Name (Printed or Typed): _____		Daytime Telephone Number: _____	
Title: _____		Extension: _____	